PART B - FEE(S) TRANSMITTAL (c) 1, together with applicable fee(s), to: <u>Mail</u> send this form, Mail Stop ISSUE FEE **Commissioner for Patents** KCA 5 8 5007 P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: Very form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below of directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. INSTRUCTIONS: maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 34263 7590 08/25/2004 O'MELVENY & MEYERS Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 114 PACIFICA, SUITE 100 **IRVINE, CA 92618** 11/29/2004 CCHAU2 00000056 10057252 (Depositor's name) <u>Pacheco</u> 01 FC:2501 685.00 OP Brache (Signature) WILLI 30.00 DP 02 FC:8001 2004 (Date FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. 01/23/2002 269/021 2774 10/057,252 Jon P. St. Germain TITLE OF INVENTION: DEVICES AND METHODS FOR CEREBRAL PERFUSION AUGMENTATION TOTAL FEE(S) DUE DATE DUE APPLN. TYPE **SMALL ENTITY** ISSUE FEE PUBLICATION FEE YES \$665 685 \$0 \$665 685 11/26/2004 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS BARRETT, THOMAS C 3738 128-898000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list _l O'Melveny & Myers LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) -1 - Cmarra

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Please check the appropriate assignee category or categories (will not be	e printed on the patent):
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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